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to be deaf, and with speech so defective as to make her almost dumb. The nurse was instructed to take the child to a clinic where she could have the services and advice of a specialist. There was found a large bony growth in the back of the nose. This tumor so obstructed the nose and the passage to the ear as to account for the absence of hearing and the defective speech. Here again the work the nurse accomplished gained the parent's consent to an operation. The results obtained in two such cases alone are worth the salary of a nurse for a year.

As this paper deals with the method of work of the nurse, I shall not go into the results obtained. A thorough card index system permits the systematic following of each case to a cure. The use of these cards can be best understood by glancing at the accompanying cuts of some of the printed cards and circulars used in our city. The results obtained, with little friction among the doctor, nurse, the parent, and school teachers, are the best evidence of the success of our system. In conclusion, I desire to extend my appreciation of the services of Miss Anna L. Stanley, the trained nurse loaned by the "Visiting Nurse Society," who has worked energetically from the beginning, and brought the work to its present standard.

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## PREPARATION FOR AN OPERATION IN THE COUNTRY

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THE first operation in which I assisted in the country was an appendectomy, done under serious disadvantages to the surgeon, but resulting favorably.

The lightest room in this very small country house was the dining-room, fortunately situated next to the kitchen, and heated with a large, base-burner stove. The furniture was all removed, the wall wiped down, and the floor and window—there was only one—scrubbed. The lower glass of the window was smeared with sapolio, for use instead of a curtain. An operating-board, the shape of an ironing-board, only broader, had been a thought of the doctor when first undertaking this work in homes. This was usually placed on the backs of two straight chairs, but the chairs in this house not being high enough, two barrels from the store-room were substituted. The operating-board was made comfortable for the patient by a thick old comforter, protected by a rubber sheet, and with a clean white sheet pinned securely around. It not being necessary to place the patient in the lithotomy or Trendelenburg's position, no substitutes for the modern operating-table were neces-

sary. These have been described in a former article on this subject, appearing about two years ago in the JOURNAL.

The dining-table served for an instrument and hand solution table for the surgeon, also for the extra supply of sterile goods and the large supply basin. A low wooden bench, used for wash-tubs, held the four hand solution basins.

The absence of plumbing in the house was a great inconvenience. Wash-bowls, soap, and scrubbing-brushes were on a wash-stand. Bringing fresh water and refilling the wash-basins were an added duty for the nurse. The instrument table, wash-bench, wash-stand, a small table for the anæsthetist's articles, and a table holding pitchers of hot and cold sterile water and normal salt solution, were the necessary articles of furniture in the room. Sheets were not plentiful in this home, and clean newspapers were used for table covers. The articles provided by the surgeon consisted of the following list: six basins, two pitchers, one laparotomy sheet, one dozen towels, two doctor's gowns, one large pan for boiling instruments, six yards of gauze. The gauze was made into sponges, four packages of three dozen each; eighteen laparotomy pads, and an abdominal pad, consisting of a layer of absorbent cotton between two pieces of gauze, large enough to cover the wound thoroughly. These were pinned in pieces of old cloth and sterilized in the following manner: The family wash boiler was scrubbed with sapolio until it was clean, and filled half full of water. A stout piece of cloth was stretched across lengthwise, loosely, and tied at each handle. The water was allowed to reach the boiling point, and the articles were placed in this, with the cover fitted down tight, and left in one hour. This method of sterilization has been described frequently, and is familiar to all nurses. The trouble lies in the drying of the heavy things, such as sheets and packages of towels. When placed in the oven, the heat should be only moderate.

The basins, pitchers, and water were all sterilized in the same boiler; also a large dipper. The water was boiled the night before the operation for cold sterile water, and this had to be filtered through absorbent cotton into the basins and pitchers, before using. The hot sterile water was kept in two tea-kettles on the stove. The carbolic acid and alcohol used for preparing the knives were in two clean dishes from the pantry.

Fortunately, the majority of doctors operating in the country bring the instruments, sutures, and gauze already sterilized, thus lightening the work of the nurse. When all the sterilizing has to be done, it is an impossibility to prepare thoroughly for a major operation in a shorter time than two days, without running risks.